



3938 Sunbeam Rd. Unit 2
Jacksonville, FL, 32257
Office: 904-882-2673

In progress

Claim Id

054057290-800

Date of Loss

Jun 14, 2025

Date Claim Created

Nov 3, 2025

Type of Loss

Roofing

Project Manager

Josh Blood

Address

404 SW Bay Pl., Fort White, Fl, 32038

Policyholder Name

Herlihy, Shirley

Policy Number

GIC05405729090A

Policyholder Email

herlshirl1@gmail.com

Policyholder Phone Number

352-359-7270

Structure: Main Building

Main Building: Yelime

Overview Photos: Yelime

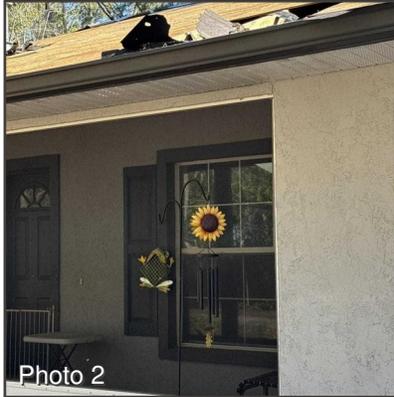




Photo 10



Photo 11



Photo 12



Photo 13



Photo 14



Photo 15



Photo 16



Photo 17



Photo 18



Photo 19



Photo 20

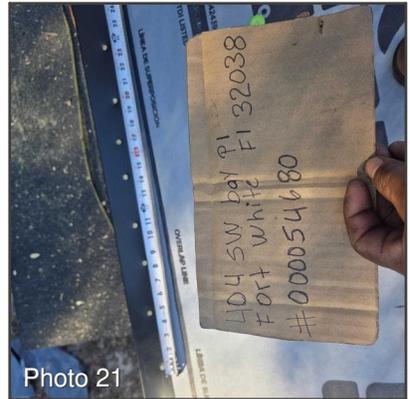


Photo 21



Photo 22



Photo 23



Photo 24



Photo 25



Photo 26



Photo 27



Photo 28



Photo 29



Photo 30



Photo 31



Photo 32



Photo 33



Photo 34



Photo 35



Photo 36



Photo 37



Photo 38

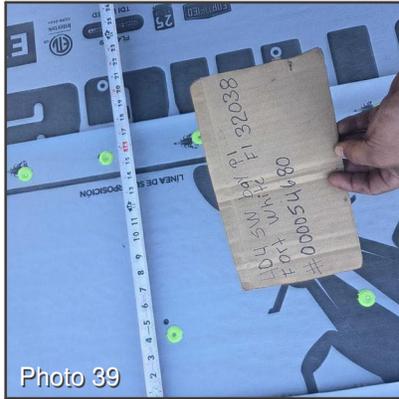


Photo 39



Photo 40



Photo 41

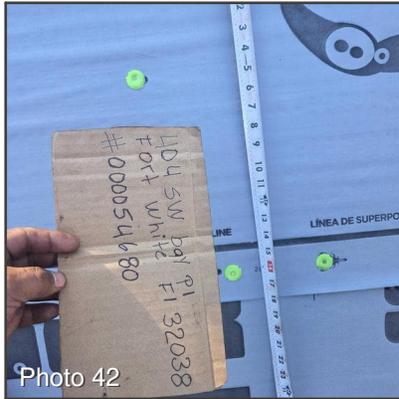


Photo 42

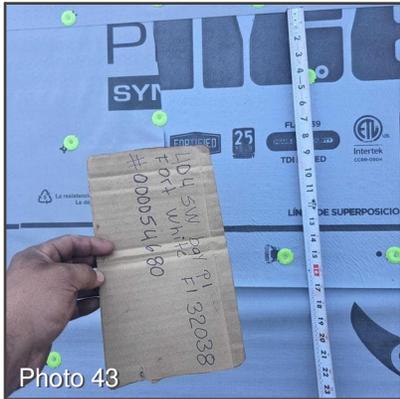


Photo 43



Photo 44



Photo 45

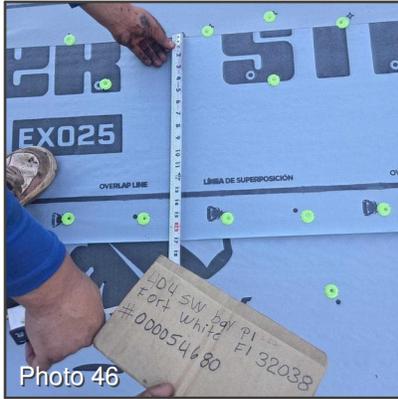


Photo 46



Photo 47



Photo 48

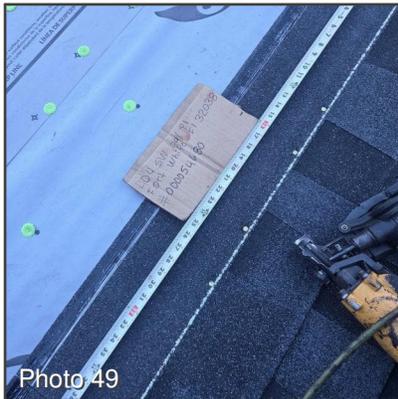


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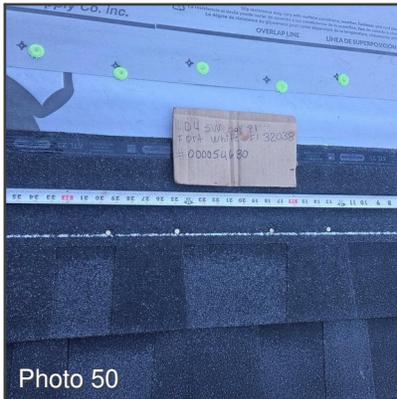


Photo 50



Photo 51

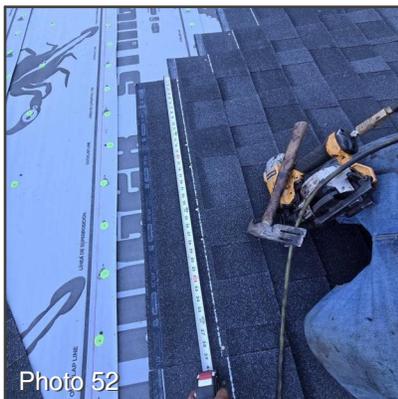


Photo 52



Photo 53



Photo 54



Photo 55



Photo 56



Photo 57



Photo 58



Photo 59



Photo 60



Photo 61



Photo 62



Photo 63



Photo 64



Photo 65



Photo 66



Photo 67



Photo 68



Photo 69



Photo 70



Photo 71



Photo 72



Photo 73



Photo 74



Photo 75



Photo 76



Photo 77



Photo 78



Photo 79



Photo 80



Photo 81



Photo 82

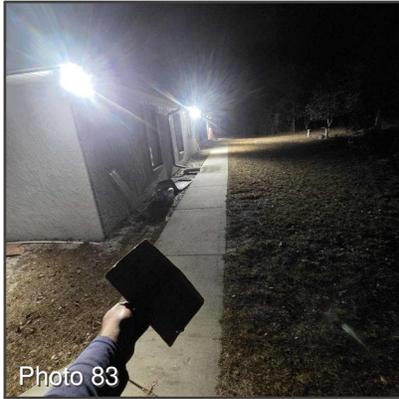


Photo 83



Photo 84



Photo 85



Photo 86



Photo 87



Photo 88



Photo 89



Photo 90



Photo 91



Photo 92

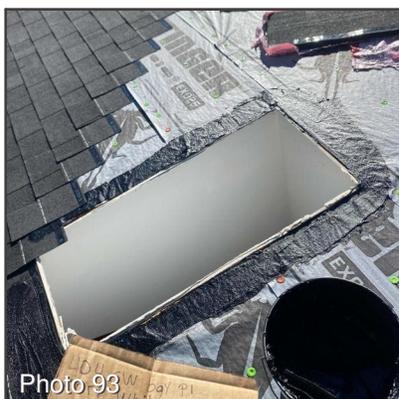


Photo 93



Photo 94



Photo 95



Photo 96



Photo 97



Photo 98



Photo 99



Photo 100

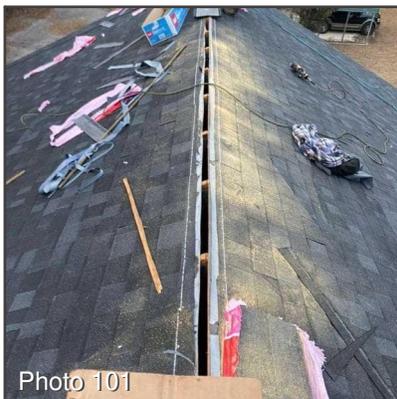


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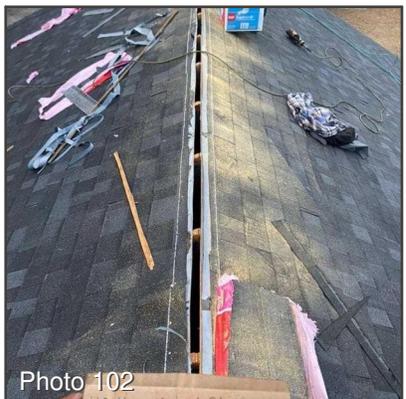


Photo 102



Photo 103



Photo 104

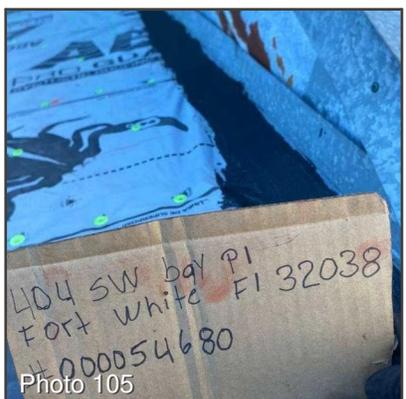


Photo 105



Photo 106



Photo 107



Photo 108



Photo 109



Photo 110



Photo 111



Photo 112



Photo 113



Photo 114



Photo 115



Photo 116



Photo 117

